

**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
OR CORONER

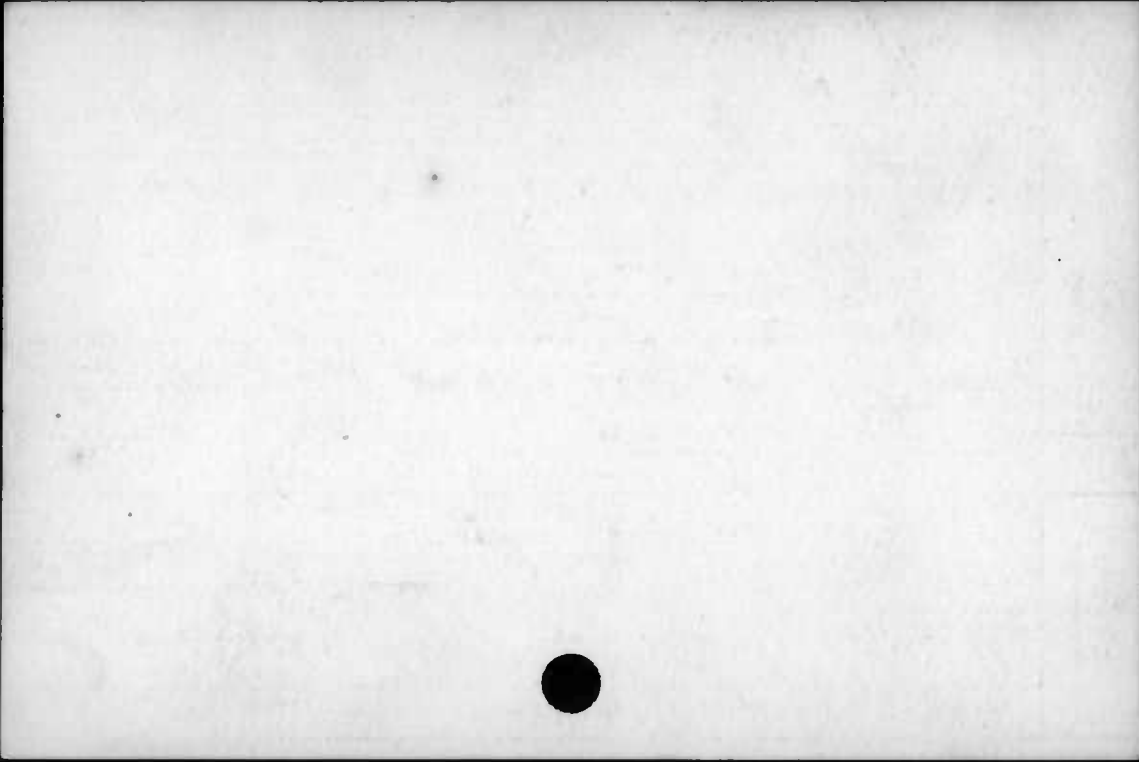
# CERTIFICATE OF DEATH

Died at		No 1 Dist.		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1908	July	27	47	✓	✓	
Sex	Female		Color or Race	White		Birth-place	Garrett Co
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Angelus Bernard			
Father's Name	C. H. Brinard				Father's Birthplace	Maryland	
Mother's Maiden Name	Jane Turner				Mother's Birthplace	✓	
Name of person giving information	Angelus Bernard				How related to deceased	Husband	

### CAUSES OF DEATH

5-3

Primary	Splenomedullary Leukemia		How long	About 6 mos
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		D. J. Langhorne	
	Address		P. M. C. M. S. Blue Pink	
Accident or Suicide?				



Name  
in  
Full

Mrs Ara Duval

## CERTIFICATE OF DEATH

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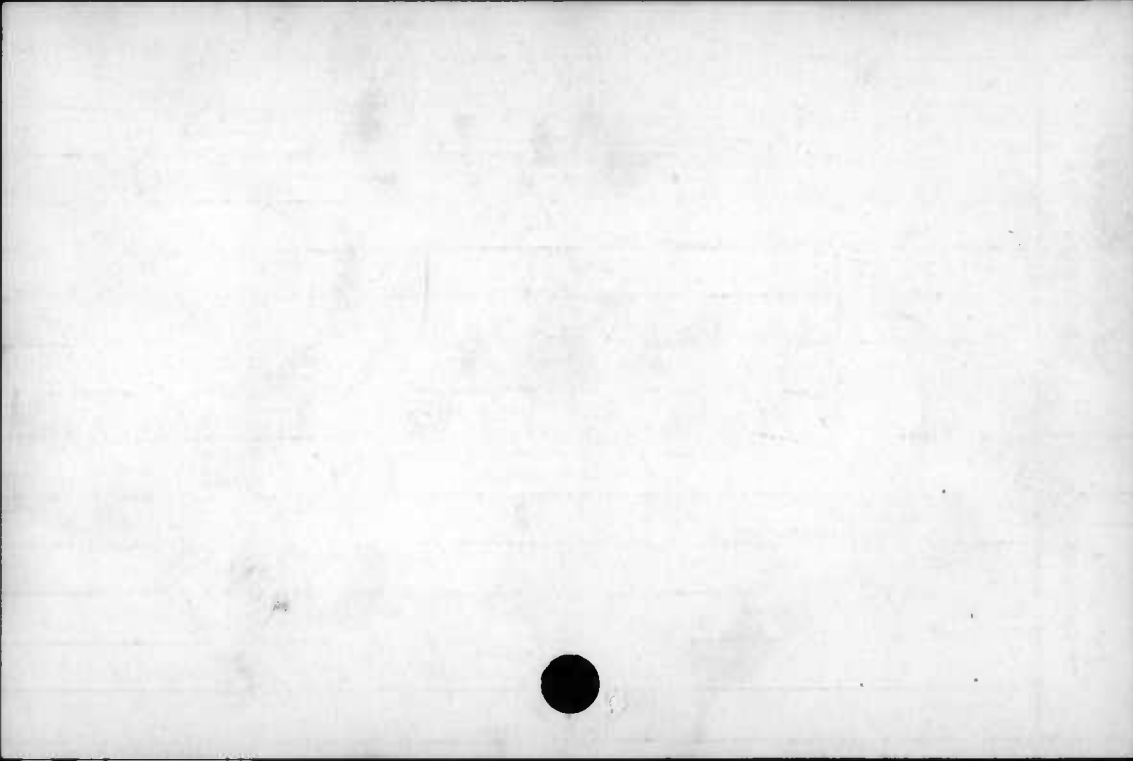
Died at		Town Cerulea		County Garrett		MARYLAND	
Date of death		1908	Month July	Day 14	Age 38	Years	Months Days
Sex Female		Color or Race white		Birth-place Md			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband Lymon Duval					
Father's Name Allen Butler		Father's Birthplace W. Va					
Mother's Maiden Name Mary Perkins		Mother's Birthplace W. Va					
Name of person giving information Lymon Duval		How related to deceased Husband					

## CAUSES OF DEATH

140

PHYSICIAN  
OR CORONER

Primary	Cerebral hemorrhage	How long	7 days
Immediate	Probable embolism	How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. E. Legge	
		Address Garland Md	
Accident or Suicide?			



Name  
in  
Full

Gerty Orundo

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

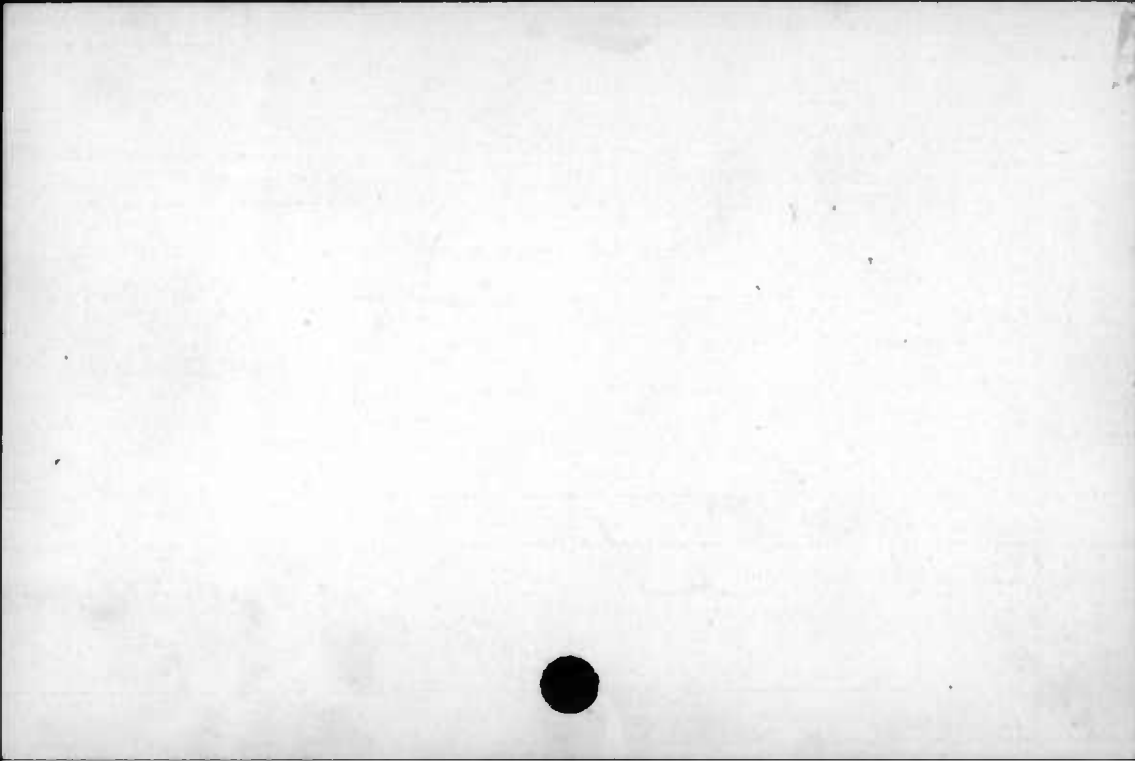
Died at <i>Bittinger</i> Town		<i>Garrard</i> County		MARYLAND	
Date of death	1908	Month	July	Day	15
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Bittinger Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Josh Orundo</i>		Father's Birthplace <i>Bittinger Md</i>			
Mother's Maiden Name <i>Elizabeth Miller</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Josh Orundo</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>Cholera infantum</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes -	
Signature of Physician		<i>H.R. Beyer Md</i>	
Address		<i>Academy</i>	
Accident or Suicide?		<i>Md</i>	



Name in Full		BIRTHDAY				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND	
		Town		County			
		Date of death		Age		Months	
		1908		25		4	
		Month		Years		Days	
		July		—		10	
		Day		Birth-place			
		Sex		Color or Race		Birth-place	
Female		White		Maryland			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Samuel. A. Sister		Pa					
Mother's Maiden Name		Mother's Birthplace					
Nancy J. Teats		W. Va					
Name of person giving information		How related to deceased					
Samuel. A. Sister		Father					
		CAUSES OF DEATH		35			
PHYSICIAN OR CORONER		Primary		How long			
		Dysentery		4 months			
		Immediate		How long			
		Cholera Infant		2 wks			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		A. Mason MD					
		Address					
		F Friendsville					
		Md.					
Accident or Suicide?							

State cemetery



Name in Full		West				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Deer Park		TOWN		County	
	Date of death	1908	July	19	Age	Years	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Zed West		Father's Birthplace		Deer Park	
	Mother's Maiden Name	Minnie Sisk		Mother's Birthplace		Deer Park	
Name of person giving information	Minnie Sisk		How related to deceased		In other		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">151</div>							
PHYSICIAN OR CORONER	Primary	Marasmus				How long	9 weeks
	Immediate	Exhaustion				How long	~
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Dr. J. E. Hurley
	Accident or Suicide?					Address	Deer Park

